SANITATION BRANCH
591 ALA MOANA BOULEVARD
HONOLULU, HAWAII 96813
TELEPHONE NUMBER: (808) 586-8000 FAX: (808) 586-4729

STATE OF HAWAII
DEPARTMENT OF HEALTH

# APPLICATION FOR PLAN REVIEW

(Please type or print in blue or black ink)

**ESTABLISHMENT NAME (dba)**

| **ESTABLISHMENT LOCATION ADDRESS** | **TAX MAP KEY** | | | |
|---|---|---|---|---|
| STREET: | ZONE | SECTION | PLAT | PARCEL |
| CITY: ZIP CODE: | | | | |

**OWNER NAME(s) (Corp., Partnership, etc.)**

| **CONTACT PERSON** | **CONTACT PHONE NO.** |
|---|---|
| | |

**(OFFICIAL USE ONLY)**
**FEE AMOUNT: (CIRCLE ONE) FOOD NEW/CONVERSION $200 FOOD REMODEL $150 N/A**

**FEE: NON REFUNDABLE**
MAKE CHECK PAYABLE TO: **STATE OF HAWAII** **(BANK ACCOUNT NAME AND ADDRESS MUST BE ON CHECK)**

PROVIDE ON THE CHECK THE SOCIAL SECURITY NUMBER FOR SOLE PROPRIETORSHIP OR THE FEDERAL EMPLOYEE IDENTIFICATION NUMBER FOR OTHER BUSINESS, PARTNERSHIP, OR CORPORATION.

SUBMIT APPLICATION AND FEE TO: **SANITATION BRANCH**
**591 ALA MOANA BLVD.**
**HONOLULU, HI 96813**

THERE WILL BE A SERVICE FEE OF $15.00 AND INTEREST FOR ANY CHECK DISHONORED BY THE BANK

**FOR FOOD ESTABLISHMENTS ONLY:**

I UNDERSTAND THAT APPROVAL OF THE FOOD ESTABLISHMENT PLAN IS CONTINGENT UPON COMPLIANCE WITH THE SANITARY REQUIREMENTS OF HAWAII ADMINISTRATIVE RULES, TITLE 11, CHAPTER 12. ALSO, NO FOOD ESTABLISHMENT SHALL BE CONSTRUCTED, EXTENSIVELY REMODELED, OR CONVERTED EXCEPT ACCORDING TO PLANS AND SPECIFICATIONS APPROVED BY THE DIRECTOR.

DATE _____ SIGNATURE OF OWNER OR AGENT **(SUBMIT ORIGINAL ONLY – NO COPIES)**

TITLE OF OWNER OR AGENT _____ PRINT NAME OF OWNER OR AGENT

TELEPHONE NUMBER

**SECTION BELOW FOR SANITATION BRANCH COMMENTS**

**SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY**

| FEE PAID | DATE PAID | METHOD OF PAYMENT | RECEIPT NO. | RECEIVED BY |
|---|---|---|---|---|
| | | | | |

PLANS RECEIVED BY: DATE _____ INITIALS _____

CONTACTED: DATE _____ NAME _____

APPROVED:

DATE _____ SIGNATURE OF AGENT/DEPT. OF HEALTH _____ R.S. LIC. NO. _____

SAN 07/03